TEXAS WATCH   PARTNER ACTIVITY REPORT

This Partner Activity Report covers activity in the three months prior to the month the report is sent to Texas Watch. Only fill in the information that pertains to your organization. The reporting periods and dates for submitting this information are based on the State fiscal year which runs September through August:

1stQTR Dec 20   for reporting activity in September through November
2nd QTR March 20   for reporting activity in December through February
3rd QTR June 20   for reporting activity in March through May
4th QTR Sept 20   for reporting activity in June through August

Please fax this completed form to: Eric Mendelman, 512/239-4760. Or mail your response to Eric at: Texas Watch Program, MC 150, TNRCC, P.O. Box 13087, Austin, TX 78711-3087. Eric's telephone number is 512/239-4738 if you have any questions.

Name of partner _____   Report completed by _____

Reporting period (check one): ☐ 1st Qtr   ☐ 2nd Qtr   ☐ 3rd Qtr   ☐ 4th Qtr

PARTICIPANTS	#	DESCRIPTION
MONITORS CERTIFIED		Indicate the number of new monitors that have completed phase three training.
TRAINERS CERTIFIED		Indicate the number of new trainers that have completed two phases of trainer training.
QA OFFICERS CERTIFIED		Indicate the number of new QA officers that have competed two phases of QA officer training.
PHASE 1 & 2 TRAINEES		Indicate the number of new volunteers in all phase 1 and 2 trainings.
MONITORS QC'ed		Indicate the number of monitors that have successfully completed quality control sessions.
INACTIVE MONITORS		Indicate the number of monitors that have become inactive this quarter.
WORKSHOPS	**#**	**DESCRIPTION**
ORIENTATIONS		Indicate the number of workshops in which citizens, organizations, or other participants were introduced to Texas Watch.
PHASE 1 TRAININGS		Indicate the number of phase 1 trainings completed.
PHASE 2 TRAININGS		Indicate the number of phase 2 trainings completed.
PHASE 3 TRAININGS		Indicate the number of phase 3 trainings completed.
QC SESSIONS		Indicate the number of quality control sessions completed.
OTHER		Indicate the number of events which are not reported above, such as partner planning sessions, symposium, appreciation events. Please describe these in the highlights section.

RECORD OF PARTNER FINANCIAL SUPPORT
FOR THIS THREE-MONTH REPORTING PERIOD, INDICATE THE APPROXIMATE MONETARY VALUE OF THE SERVICE RENDERED.
This information will be used to determine the amount of financial resources currently supporting Texas Watch activities.

SERVICE RENDERED	Monetary value of Non Federally funded services	Monetary value of Federally funded services
LAB SERVICES: NUMBER OF LAB SAMPLES: _____		
EMPLOYEE/STAFF TIME		
MEETING FACILITIES		
NEW MONITORING EQUIPMENT		
REPLACEMENT REAGENTS AND HARDWARE, STANDARD SOLUTIONS AND BUFFERS		
POSTAGE		
MILEAGE		
TRAVEL, MEALS, AND LODGING		
PROGRAM HIGHLIGHTS, NEEDS, AND RECOMMENDATIONS		